

**TVA Community Credit Union**

TVA Reservation
Muscle Shoals, AL 35662-1010
(256) 386-3000
Fax (256) 248-0691

**MEMBERSHIP, ACCOUNT AND
LOAN APPLICATION AND ACCOUNT CARD****Check One:**☐ New Application☐ Change in Account**PLEASE TELL US ABOUT YOURSELF****I WOULD LIKE TO OPEN THE FOLLOWING ACCOUNTS:**☐ Share/Savings Account ☐ Club Account☐ Share Draft/Checking Account☐ Share Certificate with the following term:☐ 6 months ☐ 9 months ☐ 12 months ☐ 18 months ☐ 24 months ☐ 30 months ☐ 36 months ☐ 48 months ☐ 60 months☐ IRA Savings ☐ IRA Certificate with the following term: ☐ __ months ☐ __ months ☐ __ months

Credit Union Use Only:

Member No. _____

Account No. _____

I AM:☐ **An Existing Member.** My member or account number is: _____.☐ **A New Member.** I qualify for membership because I:☐ live ☐ work ☐ worship ☐ attend school in _____ County.☐ I am an immediate family member of a current member, or reside in the same household.

Current member name: _____ Relationship to current member: _____.

☐ I am employed at the following company: _____.**I AM THE PRIMARY ACCOUNT OWNER. MY INFORMATION IS AS FOLLOWS: (existing members need only complete name & SSN)**

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY		STATE	ZIP
YEARS AT RESIDENCE		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY PAYMENT \$				
DRIVER'S LICENSE NUMBER				STATE OF ISSUE		DATE OF BIRTH		PLACE OF BIRTH
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____								
EMPLOYER'S NAME AND ADDRESS					POSITION/TITLE		GROSS MONTHLY SALARY	
HOME PHONE NUMBER		CELL PHONE NUMBER		WORK PHONE NUMBER		HOME E-MAIL ADDRESS		WORK E-MAIL ADDRESS

☐ **I WOULD LIKE THE FOLLOWING JOINT OWNER ON MY ACCOUNT (do not complete if you will be the only owner on the account):**

LAST NAME		FIRST NAME		MIDDLE	SOCIAL SECURITY NUMBER		MOTHER'S MAIDEN NAME	
HOME ADDRESS (must be a street address; P.O. Boxes are not acceptable)				APT/UNIT #	CITY		STATE	ZIP
YEARS AT RESIDENCE		<input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY PAYMENT \$				
DRIVER'S LICENSE NUMBER				STATE OF ISSUE		DATE OF BIRTH		PLACE OF BIRTH
<input type="checkbox"/> I do not have a state-issued Driver's license. In order for you to verify my identity, I am providing: <input type="checkbox"/> Government-issued ID Card, No. _____, State: <input type="checkbox"/> U.S. Military ID Card, No. _____ <input type="checkbox"/> U.S. Passport, No. _____ <input type="checkbox"/> Permanent Resident Card, No. _____ <input type="checkbox"/> Other, Describe: _____								
EMPLOYER'S NAME AND ADDRESS					POSITION/TITLE		GROSS MONTHLY SALARY	
HOME PHONE NUMBER		CELL PHONE NUMBER		WORK PHONE NUMBER		HOME E-MAIL ADDRESS		WORK E-MAIL ADDRESS

**IF YOU HAVE ADDITIONAL JOINT OWNERS, PLEASE ATTACH A SEPARATE SHEET WITH THE REQUESTED INFORMATION.
ALL JOINT OWNERS MUST SIGN THIS APPLICATION.**

☐ **(Optional)** I would like the following Payable-on-Death Beneficiary, who will receive the funds in this account if I die (or, on a joint account, when all joint owners die):

POD BENEFICIARY NAME		ADDRESS		CITY	ZIP	PHONE NUMBER	SOCIAL SECURITY NUMBER.
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ADDITIONAL ACCOUNT SERVICES - I would like the following additional services:

- ☐ **Debit/Check Card** attached to my Checking Account (use at ATMs and for purchases at places that accept the Card)
☐ Additional Card for Joint Owner.
- ☐ **ATM Card** (use to withdraw/deposit money at ATMs) attached to my ☐ Savings Account
☐ Additional Card for Joint Owner
- ☐ **E-Statements:** Yes, send me my statements in electronic format to my e-mail address listed below. I understand that I will not receive paper statements via U. S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Statement service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the statements in PDF format. Please send statements to the following e-mail address: _____
- ☐ **E-Notices:** Yes, send me notices such as change-in-terms or certificate renewals in electronic format to my e-mail address listed below. I understand that I will not receive paper notices via U.S. Mail, but that I can request a paper copy at any time, and I can cancel my e-Notice service at any time. I understand that I must keep my e-mail address current, and must have Adobe Reader (which can be downloaded for free off the internet) to receive and open the notices in PDF format. Please send notices to the following e-mail address: _____
- ☐ **Audio Response** is available to all members by phoning (256) 386-3111 or (800) 992-0223 .
- ☐ **Home Banking and Bill Pay** are available by logging on to our website and following the instructions.

OVERDRAFTS

Please tell us how you would like overdrafts to be treated by completing the following:

(You must complete BOTH this section and the "What You Need to Know about Overdrafts and Overdraft Fees" form)

1. **Overdraft Protection Plan.** Under the Overdraft Protection Plan, I may authorize you to pay transactions that would cause an overdraft of my checking account by transferring funds from an existing savings account, or by advancing funds from a line of credit. If I elect Overdraft Protection, you will look to this plan for funds to cover my overdrafts before you use your standard overdraft procedures. If I choose not to elect Overdraft Protection, or I have insufficient funds in my account or insufficient credit available on my line of credit to cover the overdrafts, then your standard overdraft practices will govern. Under those practices, you may (but don't have to) pay checks and automatic bill payments that cause overdrafts; if you do so, you will charge me a fee. If an ATM transaction or one-time debit card transaction causes the overdraft, I must tell you if I want you to pay such transactions or to decline such transactions. (See "What You Need to Know About Overdrafts and Overdraft Fees" attached to this Application.)
- ☐ Yes, I would like Overdraft Protection. Please pay any overdrafts in my checking account by withdrawing deposit account funds or charging the loan account. I understand that overdrafts will be charged to my line of credit first. If there is not enough credit available on the line, the overdraft will be paid from my share/savings account. If the overdraft is paid from my share/savings account, I will be charged a fee of \$30.
- ☐ No thanks; I will use your standard overdraft practices.
2. **Standard Overdraft Practices.** Please complete the "What You Need to Know about Overdraft and Overdraft Fees" document attached to this Application.

CONSUMER LENDING PLAN**STATE NOTICES**

OHIO RESIDENTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

WISCONSIN RESIDENTS: Marital Status: ☐ Married ☐ Unmarried ☐ Legally Separated

If married: the name of my spouse is _____

Spouse's SSN: _____ ☐ Spouse's Address (if different) _____

Notice: No provision of any marital property agreement, unilateral statement under Section 766.59, or court decree under Section 766.70 will adversely affect the rights of the Credit Union unless the Credit Union is furnished a copy of the agreement, statement or decree, or has actual knowledge of its terms, before the credit is granted or the account is opened.

MARRIED WISCONSIN RESIDENTS APPLYING FOR AN INDIVIDUAL ACCOUNT: By signing here, I state that the credit being applied for, if granted, will be incurred in the interest of the marriage or family of the Borrower(s).

X _____

If you would like to apply for the Consumer Lending Plan, please do the following:

1. Pick the type of Plan you would like:
- ☐ **Yes, I'd like to apply for the Consumer Lending Plan.** I would like (check 1 box):
- ☐ An Individual Plan for the Primary Account Owner listed on page 1. - **OR** -
- ☐ A Joint Plan for the Primary Account Owner and the following Joint Owner: (name): _____
- We intend to apply for joint credit. _____ (Borrower's initials) _____ (Co-Borrower's initials)
2. Read the Truth-in-Lending Disclosure Statement and Credit and Security Agreements provided with this Application.
3. Read and sign the Agreement to Terms on page 4.
4. If you would like optional credit insurance on your Plan, please complete the credit insurance application on page 3.

APPLICATION FOR GROUP CREDIT INSURANCE Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, MN 55101-2098				
CREDIT LIFE INSURANCE		CREDIT DISABILITY INSURANCE		
GROUP POLICY NUMBER 429280-G	INSURANCE MAXIMUM (PER INDEBTEDNESS) \$50,000	GROUP POLICY NUMBER 429281-G	MAXIMUM MONTHLY DISABILITY BENEFIT \$850	WAITING PERIOD 30 DAYS
MAXIMUM LOAN REPAYMENT PERIOD 120 Months		MAXIMUM LOAN REPAYMENT PERIOD 120 Months	MAXIMUM AGGREGATE DISABILITY BENEFIT (PER INDEBTEDNESS) \$50,000	RETROACTIVE BENEFIT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
TERM OF INSURANCE	TERMINATION DATE OF INSURANCE	TERM OF INSURANCE	TERMINATION DATE OF INSURANCE	CRITICAL PERIOD COVERAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

CREDIT INSURANCE APPLIED FOR:

☐ SINGLE LIFE INSURANCE
☐ SINGLE DISABILITY INSURANCE (Primary Applicant Only)
☐ JOINT LIFE INSURANCE

OPEN-END: Monthly Rate Per \$1,000 of Insured Amount
\$1.23
\$2.40
\$1.84

If Critical Period Coverage is indicated, a maximum of 12 monthly disability benefits are payable per claim occurrence. You are covered only for the types of coverage for which a selection is indicated on this application.

NOTICE TO APPLICANT(S)

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of 12 MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I am presently under age 70 and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age 70. Please read the "When does your insurance terminate?" provision.**
- If joint life insurance is selected, we are eligible if the older applicant is presently under age 70 and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age 70. Please read the "When does your insurance terminate?" provision.**
- I am eligible for disability insurance if I am presently under age 66 and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for 30 hours or more per week and have been so working for 30 days or more immediately prior to this date. **In no event is disability insurance coverage to remain in force beyond the date you reach age 66. Please read the "When does your insurance terminate?" provision.**
- A person signing this application as co-applicant is not eligible for single disability insurance.

The following question must be answered to determine my (our) eligibility for insurance:

PRIMARY APPLICANT CO-APPLICANT (JOINT LIFE INSURANCE ONLY)

☐ YES ☐ NO ☐ YES ☐ NO

During the last two years: have you been advised of or treated for cancer, heart attack or coronary artery disease, stroke, cirrhosis, or Acquired Immune Deficiency Syndrome (AIDS)?

My (our) answer to the above question is true to the best of my (our) knowledge and belief. If my co-applicant or I answer "Yes" to this question, we understand that the person answering "Yes" is not eligible for insurance and will not be insured. The effective date of my (our) insurance will be the date of this application, the date the eligible loan is disbursed, or the date the note evidencing the loan is signed, whichever date is later.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

APPLICANT'S SIGNATURE DATE

X

CO-APPLICANT'S SIGNATURE DATE

X

06-60228.1 A

NOTICE: With respect to insurance coverage on a balloon loan: If you have disability insurance coverage and are eligible for total disability benefits on the termination date of insurance, your balloon payment will only be insured up to an amount equal to your monthly disability benefit.

IF CRITICAL PERIOD DISABILITY INSURANCE COVERAGE, A MAXIMUM OF 12 MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.

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AGREEMENT TO TERMS - CONSUMER LENDING PLAN

If your loan application is approved, by signing below, you agree to the following terms:

"You", "Your" and "Borrower", means any person who executes the Plan by signing the Consumer Lending Plan, or any person who endorses a proceeds check or otherwise accepts, accesses, or uses Plan funds. "We", "us", "our" or "Credit Union" means TVA Community Credit Union.

How the Plan Works. This Consumer Lending Plan has a variety of subaccounts under which you may take various types of loans (called "advances"). Some subaccounts may be revolving (e.g., Personal Line of Credit). The credit available under these subaccounts will replenish as you pay down the balances. Other subaccounts are single-advance subaccounts such as New Auto. These subaccounts will not replenish and will have a set repayment schedule.

Binding Contract. This Consumer Lending Plan, which includes the Credit Agreement, Security Agreement, Truth-in-Lending Statement, and all Advance Receipts ("Plan"), is a binding legal contract that will govern the terms of all loans that you obtain under the Plan. You only sign once to open the Plan; thereafter, you may request additional advances without signing any paperwork unless requested by us.

By signing below, you are:

1. **Agreeing to repay all loans you take.** All loans you take under the Plan must be paid back, even if you don't sign any paperwork at the time of the loan.
2. **Pledging your shares and deposits in the Credit Union.** If you default, we may apply the shares and deposits in your accounts to the amount you owe us. We may also prevent you from withdrawing shares or deposits if you are in default, or, in the case of a share-secured or deposit-secured loan, if such withdrawal would cause your balance to fall below what you owe. Your pledge and our lien rights do not include any IRA, Keogh or other account which would lose special tax treatment if pledged. Please see the Security Agreement for complete details.
3. **Granting a security interest in all property you purchase or otherwise pledge.** If you default on any subaccount under the Plan, we may seize and sell any property you have purchased or pledged under that subaccount or any other subaccount. **Cross-Collateralization:** All other collateral you have pledged for any other loan with us (except your home and household goods) will also secure this Plan. **Release of Lien:** We will not release a lien on any of the collateral you have pledged if you are delinquent or in default on any of your subaccounts. For example: If you are in default of your line of credit subaccount, we will not release our lien on your vehicle loan, even if the vehicle loan is paid in full. Please see the Security Agreement for complete details.

Interest Rates and Fees. The rates and fees that apply to your subaccounts are disclosed on the separate Truth-in-Lending Statement and/or Advance Receipt.

Purchase of Optional Products: If offered, you may apply for optional loan protection products such as credit insurance, debt protection, Guaranteed Asset Protection (GAP), or Mechanical Repair Coverage. These products are voluntary and are not required to obtain a loan from us. The premium or fee for the product(s) will be added to the outstanding balance and becomes part of your minimum monthly loan payment. We will retain a portion of this fee as compensation for providing this service. Purchase of optional products may extend the time it takes to pay off your outstanding balance(s). Once you purchase credit insurance or debt protection, all subaccounts under the Plan will be covered, unless you tell us otherwise.

BORROWER'S ACKNOWLEDGEMENT & SIGNATURES

By signing below, you understand and agree as follows:

Acknowledgement: You acknowledge that you have read, understand and accept the terms and conditions of the Consumer Lending Plan, Credit Agreement, Security Agreement, and the Truth-in-Lending Statement, and have received copies of these documents. You also agree to be bound by all Advance Receipts or similar documents and understand that by endorsing any advance proceeds check, or by otherwise accepting, using or accessing my advance proceeds, you are bound to the aforementioned documents.

Negative Information Notice: You may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying information.

NOTICE TO CONSUMER: THIS IS A CONSUMER CREDIT TRANSACTION. (A) DO NOT SIGN ANYTHING BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. (B) YOU ARE ENTITLED TO AN EXACT COPY OF ANY AGREEMENT YOU SIGN. (C) YOU HAVE THE RIGHT AT ANY TIME TO PAY IN ADVANCE THE UNPAID BALANCE DUE UNDER THIS AGREEMENT.

BORROWER'S SIGNATURE

DATE

X

CO-BORROWER'S SIGNATURE

DATE

X

TIN AND BACKUP WITHHOLDING CERTIFICATION Complete the following section:

Under penalties of perjury, I certify that the number on this Application as my Social Security Number or TIN is my correct taxpayer identification number, and that (check applicable boxes):

☐ I am not subject to backup withholding

☐ I am subject to backup withholding

☐ I am a U.S. Citizen

☐ I am not a U.S. Citizen and agree to complete a W-8 or other applicable form.

The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

AUTHORIZED SIGNATURES

By signing below, I am applying for membership in the credit union and/or for the accounts and services indicated. I certify that all information provided in this Application is true and complete to the best of my knowledge. I agree to abide by the Bylaws and other rules of the credit union and agree not to cause any loss to the credit union. I acknowledge receipt of, and agree to the terms of, the Membership Account Agreement, Privacy Notice, Funds Availability Disclosure, Electronic Funds Disclosure, Truth-in-Savings Disclosures and Rates and Fees Schedule, Open-end Credit Plan, and Visa Disclosures and to any amendments made thereto.

I also authorize you to check my employment and credit history and to obtain credit reports in connection with this Application and from time to time to determine my eligibility for credit union products and services, and I acknowledge that you may share information pertaining to my accounts with credit bureaus and others as allowed under applicable law.

Security Interest: All present and future deposits into my accounts will secure any and all obligations that I owe the Credit Union, including fees and charges as well as loans and credit cards that I have with you.

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying information.

SIGNATURE OF PRIMARY ACCOUNT OWNER (Do Not Print)

DATE

X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)

DATE

X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)

DATE

X

SIGNATURE OF JOINT ACCOUNT OWNER (Do Not Print)

DATE

X

CREDIT UNION USE ONLY

CIP: Verification Completed by: ☐ Document described in App

☐ Non-Documentary ☐ 3rd Party Verification (credit bureau, etc. - describe:) _____

☐ Reference from _____ ☐ Contacted member by ☐ Phone ☐ Mail ☐ E-mail

☐ Discrepancy/Not Verified (describe): _____ ☐ TIN Applied for but not yet received

Services approved: ☐ Plan ☐ Check Card ☐ ATM Card ☐ Overdraft Protection
☐ Special Account - additional paperwork received